

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 04/653730	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51		/		
2		/		/			52		/		
3		/		/			53		/		
4		/		/			54		/		
5		/		/			55		/		
6		/		/			56	/			
7		/		/			57		/		
8		/		/			58		/		
9		/		/			59		/		
10		/		/			60		/		
11		/		/			61	/			
12		/		/			62		/		
13		/		/			63		/		
14		/		/			64		/		
15		/		/			65		/		
16		/		/			66		/		
17		/		/			67		/		
18		/		/			68		/		
19		/		/			69		/		
20		/		/			70		/		
21		/		/			71		/		
22		/		/			72		/		
23		/		/			73		/		
24		/		/			74		/		
25		/		/			75		/		
26		/		/			76		/		
27	/			/			77		/		
28		/		/			78		/		
29		/		/			79		/		
30		/		/			80		/		
31		/		/			81		/		
32		/		/			82		/		
33		/		/			83		/		
34		/		/			84		/		
35		/		/			85		/		
36		/		/			86		/		
37	/			/			87		/		
38		/		/			88		/		
39		/		/			89		/		
40		/		/			90		/		
41		/		/			91		/		
42		/		/			92		/		
43		/		/			93		/		
44	/			/			94		/		
45		/		/			95		/		
46	/			/			96		/		
47	/			/			97		/		
48	/			/			98		/		
49	/			/			99		/		
50		/		/			100		/		
TOTAL IND.	9						TOTAL IND.				
TOTAL DEP.	67						TOTAL DEP.				
TOTAL CLAIMS	76						TOTAL CLAIMS				